Subject: Studies in the News: (May 30, 2008)

Studies in the News for

California Department of Mental Health

Introduction to Studies in the News

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The following are the Subject Headings included in this issue:

CHILDREN AND ADOLESCENT MENTAL HEALTH

Does Substantiation of Child Maltreatment Relate to Child Well-Being and Service Receipt? : Findings from the NSCAW Study. By the National Survey of Child and Adolescent Well-Being. Research Brief. No. 9. (U.S. Department of Health and Human Services, Washington, DC) 2008. 5 p.

["Each year, thousands of reports of child maltreatment are investigated by U.S. child welfare agencies, who must determine whether the allegations are substantiated by sufficient evidence. Substantiation is often a first step toward providing services to these children and families, and while many states also allow for service delivery in unsubstantiated cases, it is unknown how often this occurs. A new research brief from the U.S. Department of Health and Human Services examines the well-being of children in substantiated and unsubstantiated maltreatment cases and provides information about their access to child welfare, mental health, and special education services. Findings suggest that substantiation status does not appear to affect access to mental health or special education services, but children in substantiated cases were more likely to receive social welfare services from the investigating agencies. Regardless of substantiation

status, children investigated for maltreatment appear to be at risk for unmet mental health and special education needs."]

Full text at:
http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/substan_child/substan_child.pdf

"Parental Involvement Strongly Impacts Student Achievement." By the University of New Hampshire. IN: Journal of Human Resources (Spring 2008)

["ScienceDaily (May 27, 2008) - New research from the University of New Hampshire shows that students do much better in school when their parents are actively involved in their education.
Researchers Karen Smith Conway, professor of economics at the University of New Hampshire, and her colleague Andrew Houtenville, senior research associate at New Editions Consulting, found that parental involvement has a strong, positive effect on student achievement.
"Parental effort is consistently associated with higher levels of achievement, and the magnitude of the effect of parental effort is substantial. We found that schools would need to increase per-pupil spending by more than $1,000 in order to achieve the same results that are gained with parental involvement," Conway said.
Parents seemed particularly interested in the academic achievements of their daughters. The researchers found parents spent more time talking to their daughters about their school work during dinnertime discussions.
"There are a number of theories about why girls seem to garner more attention from their parents than boys. One possibility is that girls are more communicative with their parents so these conversations about academics are easier for parents to have with their daughters," Conway said." **Note: A copy of this study can be obtained from the California State Library.]**

Residential Facilities: Improved Data and Enhanced Oversight Would Help Safeguard the Well-Being of Youth with Behavioral and Emotional Challenges. By the United States Government Accountability Office. (GAO, Washington, DC) May 2008. 95 p.

["Youth in some residential facilities have experienced maltreatment including sexual assault, physical and medical neglect, and bodily assault that sometimes resulted in civil rights violations, hospitalization, or death. Survey respondents from 28 states reported at least one death in residential facilities in 2006. National data submitted to HHS from states show that 34 states reported 1,503 incidents of youth abuse and neglect by facility staff in 2005, but these data are understated due to state barriers in collecting and reporting facility-level information. Specific facility information that was reported and that could help target federal investigations was generally not shared with relevant agencies, such as DOJ's Civil Rights Division, because there was no formal mechanism to share this information.

All states have processes in place to license and monitor certain types of residential facilities, but state agencies reported several oversight gaps. Some government and private facilities—particularly juvenile justice facilities and boarding schools—are often exempt from licensing requirements by law or regulation. In addition, licensing standards do not always address some of the most common risks to youth well-being, such as suicide. State officials reported that they are unable to conduct annual on-site reviews at facilities, in part because of fluctuating levels of staff resources. Few state agencies reported suspending or revoking a facility's operating license, in some cases due to lack of alternatives in placing the displaced youth."]

Full text at: http://www.gao.gov/new.items/d08346.pdf

The Successful Integration of Health and Healthcare into Broader Early Childhood Initiatives. By Grantmakers for Children, Youth, and Families. Issue Brief. (The Commonwealth Fund, New York, New York) April 2008. 11 p.

["This Issue Brief summarizes proceedings of an Institute entitled *Multi-Sector Partnerships to Promote Children's Healthy Development: Putting the Pieces Together*, which was sponsored by the Commonwealth Fund (CMWF) and the W.K. Kellogg Foundation (WKKF) and was held as part of the 2007 Annual Conference of Grantmakers for Children, Youth, and Families (GCYF). The Institute featured representatives from four programs that have successfully integrated and linked health care with other systems and services to improve the health and well-being of young children and their families: the Centre for Community Child Health in Melbourne, Australia; the Children's Board of Hillsborough County in Tampa, Florida; the Sooner SUCCESS Family Partnership in Oklahoma; and the Children's Fund of Connecticut and its subsidiary, the Child Health and Development Institute. In addition to describing the individual initiatives, this brief reports on common characteristics across these initiatives and provides some initial recommendations on roles that practitioners, policymakers, and funders can play in linking services and supports across sectors and in forging public-private partnerships to support the healthy cognitive, emotional, and social development of all children."]

Full text at: http://www.gcyf.org/usr_doc/GCYFinstIssueBrief4-08.pdf

"Support for Learning: Schools Focus on Mental Health Issues to Keep Students Engaged." By Mary, Branham Dusenberry, Council of State Governments. IN: State News, vol. 51, no. 5 (May 2008) pp.32-34.

["Schools across the country are increasingly focusing on providing mental health services for their students. In recognition of Mental Health Awareness Month in May, *State News* highlights such programs." NOTE: A copy of this article can be obtained from the California State Library.]]

Related article: Emotional, Developmental, and Behavioral Health of American Children and Their Families: A Report from the 2003 National Survey of Children's Health.
Full text at: http://pediatrics.aappublications.org/cgi/reprint/117/6/e1202

Related article: Emotional and Behavior Problems of our Children: Early Identification, Intervention, and Policy Implications.
Full text at: http://www.hspc.org/policy_forums/pdf/emotionalpros.pdf

DEPRESSION

Major Depressive Episode among Youths Aged 12-17 in the United States: 2004-2006. By the National Survey on Drug Use and Health. (Substance Abuse and Mental Health Services Administration, Rockville, Maryland) May 13, 2008. 4 p.

["During the past few years, increasing attention has been paid to the prevalence and severity of major depressive episode (MDE) among children and adolescents. Recent research has shown that depression experienced during early adolescence may adversely affect growth and development, school performance, and peer/family relationships in later adolescence, as well as increase the risk of negative health outcomes in young adulthood.

The National Survey on Drug Use and Health (NSDUH) includes questions for youths aged 12 to 17 to assess MDE. For these estimates, MDE is defined using the diagnostic criteria set forth in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which specifies a period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image."]

Full text at: http://oas.samhsa.gov/2k8/youthDepress/youthDepress.pdf

Teen Marijuana Use Worsens Depression: An Analysis of Recent Data Shows "Self Medicating" Could Actually Make Things Worse. By Office of National Drug Control Policy, Executive Office of the President. (The Office, Washington, DC) May 2008. 8 p.

["Millions of American teens* report experiencing weeks of hopelessness and loss of interest in normal daily activities, and many of these depressed teens are making the problem worse by using marijuana and other drugs. Some teens use marijuana to relieve the symptoms of depression ("self-medicate"), wrongly believing it may alleviate these depressed feelings. In surveys, teens often report using marijuana and other drugs not only to relieve symptoms of depression, but also to "feel good," or "feel better," to relieve stress, and help them cope.

However, recent studies show that marijuana and depression are a dangerous combination. In fact, using marijuana can worsen depression and lead to more serious mental health disorders, such as schizophrenia, anxiety, and even suicide. Weekly or more frequent use of marijuana doubles a teen's risk of depression and anxiety. Depressed teens are more than twice as likely as their peers to abuse or become dependent on marijuana."]

Full text at: http://www.whitehousedrugpolicy.gov/news/press08/marij_mental_hlth.pdf

Related article: **Teen "Self Medication" for Depression Leads to more Serious Mental Illness, New Report Reveals.**
Full text at: http://www.whitehousedrugpolicy.gov/news/press08/050908.html

Related article: You asked about …Adolescent Depression.
Full text at: http://www.mentalhealth.com/mag1/p51-dp01.html

DISPARITIES

Equality of Health for CSHCN: Contributing Factors and Help for Families and Communities. By Champions for Inclusive Communities. (Utah State University, Logan, Utah) 2008. 3 p.

["Equality of Health for CSHCN: Contributing Factors and Help for Families and Communities provide an overview of the literature, demographics, and references for families, services providers, and communities on health disparities and access to care for children with special health care needs (CSHCN). The brief, produced by Champions for Inclusive Communities, defines ethnicity and health disparities and identifies factors contributing to health disparities for ethnic minority CSHCN. These factors include poverty, insurance and underinsurance, partnership in decision-making, access to care, and culture and communication or language barriers. Additional topics include lessons learned and implications for communities. Resources for families, service providers, and communities are presented, along with a list of the articles reviewed and referenced in the brief."]

Full text at: http://www.championsinc.org/disparity/ethnicDisparities_brief.pdf.

"Effects of Racial/Ethnic Discrimination on the Health Status of Minority Veterans." By Linda Sohn and Nancy Harada, Greater Los Angeles Health Care System. IN: Military Medicine, vol. 173, no. 4 (April 2008) pp. 331-338.

["As the veteran population becomes ethnically diverse, it is important to understand complex interrelationships between racism and health. This study examined the association between perceptions of discrimination and self-reported mental and physical health for Asian/Pacific Islander, African American, and Hispanic veterans. The data for this study come from the 2001 Veteran Identity Program Survey, which measured

utilization of outpatient care, discrimination, and health status across three minority veteran groups. Multivariate regression methods were used to model self-reported mental and physical health on perceptions of discrimination controlling for demographic and socioeconomic characteristics. Findings revealed that racial/ethnic discrimination during military service was significantly associated with lower physical, but not mental health. Satisfaction with health care provider's sensitivity toward racial/ethnic background was significantly associated with better mental health. Findings highlight the importance of developing policies that address racial/ethnic discrimination during military service while providing health care services for veterans."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=hch&AN=31856228&site=ehost-live

Related article: Eliminating Racial & Ethnic Health Disparities.
Full text at: http://www.cdc.gov/omhd/About/disparities.htm

POLICIES AND PROCEDURES

"The Australian Mental Health System: An Economic Overview and Some Research Issues." By Ruth Williams, Victoria University, and D. P. Doessel, University of Brisbane. IN: International Journal of Mental Health Systems, vol. 2, no. 4 (May 14, 2008) pp. 1-39.

["This article is concerned with the key economic characteristics of Australia's mental health system. First, some brief conceptual and empirical descriptions are provided of Australia's mental health services, both as a total system, and of its two principal components, viz. public psychiatric institutions and private psychiatry services. Expenditures on public psychiatric hospitals clearly demonstrate the effect of deinstitutionalization. Data from 1984 on private practice psychiatry indicate that per capita utilization rates peaked in 1996 and have since fallen. Generally, since 1984 gross fees have not risen. However, for both utilization and fees, there is evidence (of a statistical kind) that there are significant differences between the states of Australia, in these two variables (utilization and fees). Emphasis is also placed on the economic incentives that arise from health insurance and the heterogeneous nature of mental illness. The effects of these incentives are regarded as by-products of the health insurance mechanism; and another effect, "unmet need" and "met non-need", is a somewhat unique problem of an informational kind. Discussion of many of these issues concludes on a somewhat negative note, e.g. that no empirical results are available to quantify the particular effect that is discussed. This is a manifestation of the lacunae of economic studies of the mental health sector."]

Full text at: http://www.ijmhs.com/content/pdf/1752-4458-2-4.pdf

Health Care Access and Use among Low-Income Children on Subsidized Insurance Programs in California. By Christopher Trenholm, Mathematica Policy Research, and others. MPR Reference No. 6366-300. (Mathematica, Princeton, New Jersey) May 12, 2008. 81 p.

["This paper summarizes the CaliforniaKids and Healthy Kids programs—county-based insurance programs in California for low-income children. The study examined features of both programs, use of basic health care services by the children enrolled, and typical experiences accessing inpatient and other high-cost care. Children enrolled in the two programs made substantial use of outpatient health care, despite important variation in program features. The study concludes with recommendations on how future research can more rigorously and precisely examine children's access and use of the programs."]

Full text at:
http://www.mathematicampr.com/publications/pdfs/hlthcare_CAHKKIDS.pdf

The North Dakota Experience: Achieving High Performance Health Care through Rural Innovation and Cooperation. By Douglas McCarthy, Issues Research Inc., and others. Publication No. 1130. (The Commonwealth Fund, New York, New York) May 2008. 36 p.

["Resource constraints and the desire to preserve the local economy have made necessity the mother of invention in North Dakota, driving health care providers and policymakers to try new approaches to care and to institute better practices relatively quickly. Collaboration to support primary care and the concept of a medical home, organization of care through cooperative networks of providers, and innovative use of technology to meet patient needs and hold down costs are examples of how North Dakota is able to provide its citizens with accessible, quality, and efficient health care despite the challenges of a rural setting. Rural communities have a unique context of community trust and interdependence, a social capital that allows them to innovate in meeting patients' needs. A strong sense of mission, vigilance to process and outcomes, and enhanced communication and collaboration among health care providers are key to improvements made in North Dakota health care."]

Full text at:
http://www.commonwealthfund.org/usr_doc/1130_McCarthy_North_Dakota_experience.pdf?section=4039

"State Mental Health Funding and Mental Health System Performance." By Michael Hendryx, West Virginia University. IN: The Journal of Mental Health Policy and Economics, vol. 11, no. 1 (March 2008) pp. 17-25.

["The evaluation of state mental health system performance is a priority of funders, service providers and clients. This paper tests whether state levels of mental health care expenditures are associated with state indicators of performance and access.

Data from multiple sources measured 2003 state mental health spending, on a per client and a per capita basis, and a set of 21 performance indicators. Performance measures addressed access to care, client reported quality and outcomes, employment, incarceration, homelessness, and other areas. Analyses were conducted at the state or person level depending on the data, and included bivariate correlations, multiple linear regression, and hierarchical categorical modeling. For 17 of 21 measures, no statistical relationship was found between performance and mental health spending, after adjusting for state income and illness severity. Spending was related to basic access measures and to lower incarceration rates, but not to the remaining measures of quality or outcome.

The results suggest that expenditures through state mental health authorities in the United States do not translate to improved outcomes or quality. This may be due to ineffective practices and policies which are not conducive to promoting best practices. Limitations of the data include the cross-sectional design and some weaknesses in measurement. Implications for improvement of state systems are discusses, including the need for policies that emphasize shared state-local models to implement treatment programs of known effectiveness." **NOTE: A copy of this article can be obtained from the California State Library**.]

"Using Qualitative Research to Inform Mental Health Policy." By Larry Davidson, Yale University School of Medicine, and others. IN: Canadian Journal of Psychiatry, vol. 53, no. 3 (March 2008) pp. 137-144.

["This article offers examples of the ways in which qualitative methods have informed, and may inform, mental health policy in Canada and beyond. Three initial uses of these methods are identified: to generate hypotheses to be tested by other means; to explore the subjective experiences and everyday lives of people with mental illnesses; and to investigate processes of recovery and the active role of the individual in recovery. Given the recent focus in mental health policy in Canada, the United States, and around the world on transforming mental health systems to promote recovery and the emphasis recovery places on the individual's own first-hand perspective, we argue that qualitative methods will become increasingly useful as psychiatry shifts away from symptom reduction to enabling people to live satisfying, hopeful, and meaningful lives in the community."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=31614404&site=ehost-live

Related article: Mental Health in the Mainstream of Health Care.
Full text at;
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27544020&site=ehost-live

PREVENTION AND EARLY INTERVENTION

Need for Early Intervention Services among Infants and Toddlers in Child Welfare: Findings from the NSCAW Study. By the National Survey of Child and Adolescent Well Being. Research Brief. No. 8 (U.S. Department of Health of Health and Human Services, Washington, DC) 2008. 7 p.

["Child maltreatment has a significant negative impact on children's development. The stress suffered by young children exposed to recurrent physical abuse, emotional abuse, or chronic neglect can lead to difficulties in learning, behavior, and physical and mental health. Many of these young children are candidates for early intervention services; information has been lacking on the number of maltreated infants and toddlers in need in the United States.

Similarly, we know little about how many maltreated children receive early intervention services, despite federal support for early intervention services for infants and toddlers in need. The Early Intervention Program for Infants and Toddlers (P.L. 99-457), now known as Part C of the Individuals with Disabilities Education Act (IDEA), was established by the federal government in 1986 to encourage states to expand opportunities for children less than 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services.'"]

Full text at:
http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/need_early_intervention/early_intervention.pdf

What Does Economics Tell Us about Early Childhood Policy? By the Rand Corporation. Research Brief. (Rand, Santa Monica, California) 2008 5 p.

["An increasing chorus of Fortune 500 CEOs, Federal Reserve Bank analysts, Nobel Prize–winning economists, and other business and economic leaders have led the call to increase public "investments" in early childhood. This call is driven by research findings that increasingly emphasize the importance of laying a strong foundation in early childhood and that show that a range of early interventions can successfully put children on the path toward positive development, preventing poor outcomes in adulthood. These findings—along with increasing recognition in the public-health and social-service sectors that providing program services in early childhood has benefits over treatment later in life—have contributed to the evolution of economists' support for early childhood investments. To help decision makers in the public and private sectors, service providers, and the public more generally, RAND researchers drew on their decades-long expertise in applying economics to early childhood issues to demonstrate how two economic concepts—human capital theory and monetary payoffs—contribute to a unifying framework that provides evidence-based guidance for early childhood policy. These concepts are summarized in this research brief."]

Full text at: http://www.rand.org/pubs/research_briefs/2008/RAND_RB9352.pdf

Related article: Benefits and Costs of Prevention and Early Intervention Programs for Youth.
Full text at: http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf

Related article: **The Economics of Early Childhood Policy: What the Dismal Science has to Say about Investing in Children.**
Full text at: http://rand.org/pubs/occasional_papers/2008/RAND_OP227.pdf

SUICIDE PREVENTION

"Immigration and Suicide: The Role of Marital Status, Duration of Residence, and Social Integration." By Augustine J. Kposowa, University of California, Riverside, and others. IN: Archives of Suicide Research, vol. 12, no. 1 (2008) pp. 82-92.

["The purpose of the study was to assess the impact of immigration on suicide. An unmatched case-control design was employed. Data on cases were obtained on suicides in Riverside County, California, 1998 to 2001. Information on controls was obtained from the 2000 Census. Immigration increased suicide risk. Immigrant divorced persons were over 2 times more likely to commit suicide than natives. Single immigrants wee nearly 2.6 times more likely to commit suicide than the native born. Shorter duration of residence was associated with higher suicide risk. Integration of immigrants in receiving societies is important for decreasing suicide. Policies aimed at reducing suicide should target more recent immigrants." **NOTE: A copy of this article can be obtained from the California State Library**.]

"Psychological Tensions Found in Suicide Notes: A Test for the Strain Theory of Suicide." By Jie Zhang, School of Social Development, China, and David Lester, Richard Stockton College of New Jersey. In: Archives of Suicide Research, vol. 12, no. 1 (2008) pp. 67-73.

["As a comprehensive and parsimonious theory explaining the socio-psychological mechanism prior to suicidal behavior, strain theory of suicide postulates that conflicting and competing pressures in an individual's life usually precede a suicide. The theory proposes fours sources of strain leading to suicide: (1) value strain from conflicting values, (2) aspiration strain from the discrepancy between aspiration and reality, (3) deprivation strain from relative deprivation such as poverty, and (4) coping strain from deficient coping skills in the face of a crisis. This research has content-analyzed 40 suicide notes (20 by suicide completers and 20 by suicide attempters) and found strong support for the strain theory of suicide. Although little difference is found in the number and pattern of strains between the completers and attempters, both groups have aspirations and coping strains and few value and deprivation strains. Also, the older a suicidal victim is the more he/she fees deprived and lacks coping skills and feels less

bothered with value conflicts. Although the study has offered some support for the new theory, future research with more rigorous quantitative data needs to be conducted to further test the theory on a more comprehensive level." **NOTE: A copy of this article can be obtained from the California State Library.**]

"Suicide Awareness Training for Faculty and Staff: A Training Model for School Counselors. By Melinda M. Gibbons and Jeannine R. Studer, University of Tennessee, Knoxville. IN: Professional School Counseling, vol. 11, no. 4 (April 2008) pp. 272-276.

["Suicide among school-aged youth is a growing concern, and school personnel have a legal obligation to provide suicide prevention programming to faculty and staff. School counselors have the skills to provide such training, as well as to inform staff and faculty of school policy and procedures for referring potentially suicidal students. A step-by-step model is provided for school counselors to use and adapt for suicide in-service training."] Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=31906849&site=ehost-live

Suicide Prevention among Veterans. By Ramya Sundararaman and others, Congressional Research Committee. (The Committee, Washington, DC) May 5, 2008. 16 p.

["Numerous news stories in the popular print and electronic media have documented suicides among service members and veterans returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). In the United States, there are more than 30,000 suicides annually. Suicides among veterans are included in this number, but it is not known in what proportion. There is no nationwide system for surveillance of suicide specifically among veterans. Recent data show that about 20% of suicide deaths nationwide could be among veterans. It is not known what proportion of these deaths are among OIF/OEF veterans.

Veterans have a number of risk factors that increase their chance of attempting suicide. These risk factors include combat exposure, post-traumatic stress disorder (PTSD) and other mental health problems, traumatic brain injury (TBI), poor social support structures, and access to lethal means.

Several bills addressing suicide in veterans have been introduced in the 110th Congress. On November 5, 2007, the Joshua Omvig Veterans Suicide Prevention Act (P.L. 110-110) was signed into law, requiring the Department of Veterans Affairs (VA) to establish a comprehensive program for suicide prevention among veterans. More recently, the Veterans Suicide Study Act (S. 2899) was introduced. This bill would require the VA to conduct a study, and report to Congress, regarding suicides among veterans since 1997.

The VA has carried out a number of suicide prevention initiatives, including establishing a national suicide prevention hotline for veterans, conducting awareness events at VA

medical centers, and screening and assessing veterans for suicide risk. This report discusses data sources and systems that can provide information about suicides in the general population and among veterans, and known risk and protective factors associated with suicide in each group. It also discusses suicide prevention efforts by the VA. It does not discuss Department of Defense (DOD) activities, or VA's treatment of risk factors for suicide, such as depression, PTSD, and substance abuse."]

Full text at: http://assets.opencrs.com/rpts/RL34471_20080505.pdf

Related Article: **If Suicide is a Public Health Problem, What are we doing to prevent it?**
Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=mnh&AN=14713694&site=ehost-live

AUDIO WEBCAST

NEW June 5, 2008 Webcast. "Taking Action for Children: Early Interventions to Prevent Abuse and Prepare for School Success."

["Americans across the political spectrum embrace universal early childhood education. But what about school-success initiatives that reach back even further to support newborns, toddlers, and their parents? What can be achieved when educators, abuse-prevention experts, parents, government officials, businesses, philanthropies, and community groups collaborate?

Panelists will analyze the complexities of enacting effective school-readiness policies and programs. Their observations will address what's behind the latest interest in such initiatives, the social and political environments needed for successful early learning centers and home visitation efforts, the lessons states can draw from Illinois' recent experience; and the importance of integrating home-based and learning-center programs, and providing consistent training and supervision for providers."]

Speakers:
Shelley Waters Boots, research associate, Urban Institute
Deborah Daro, research fellow, Chapin Hall Center for Children at the University of Chicago
Graciela Italiano-Thomas, president and CEO, Thrive by Five Washington
Ann Kirwan, vice president for national policy consultation, The Ounce of Prevention Fund
Moderator: Debra Williams, associate editor, Catalyst Chicago
Register to attend in person in Chicago.
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Live Audio Webcast: http://www.visualwebcaster.com/event.asp?id=48739

NEWCONFERENCES

6/4/2008 - 6/7/2008
Mental Health America's Annual Conference & National Mental Health Promotion and Prevention Summit
Mental Health America
Hyatt Regency Washington, Capitol Hill
Washington, DC

Each year, the Mental Health America Conference draws together hundreds of leaders and advocates from across the country in Washington, D.C. to learn about critical issues in the behavioral health field and strategies for collective action. Attendees include executives and staff from our 320 state and local affiliates, mental health consumers, family members, policymakers, advocates, providers, and academic, government and business leaders. The Summit, which will take place June 6th and 7th, will be a unique opportunity for people and organizations that are committed to advancing a prevention and promotion agenda.

SPRC will be exhibiting at the event.

Event URL:
http://www.mentalhealthamerica.net/annualconference/index.html

6/8/2008 - 6/14/2008
Summer Research Institute on Suicide Prevention
National Institute of Mental Health
U of Rochester Center for the Study and Prevention of Suicide
Rochester, NY

The Summer Research Institute on Suicide Prevention (SRI/SP)provides the opportunity to train a multidisciplinary array of young investigators and develop a cadre of researchers with the knowledge and skills required to address the public health and therapeutic intervention challenges of suicide and other major mental health problems. The SRI/SP focuses on both research training and career development issues, where each participant works with identified mentors drawn from its national faculty, which includes researchers from the CSPS, from other major suicide research centers from the US and abroad, and program staff from NIH.

Event URL:
http://http://www.urmc.rochester.edu/smd/Psych/SRISP_summer2008/